

**Fill in this information to identify your case:**

Debtor 1	<b>Ruth Anne Torchia</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)	17-01098		

☐ Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new **Summary** and check the box at the top of this page.

#### Part 1: Summarize Your Assets

		Your assets Value of what you own
1. <b>Schedule A/B: Property</b> (Official Form 106A/B)		
1a. Copy line 55, Total real estate, from Schedule A/B.....	\$	754,300.00
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$	12,353.45
1c. Copy line 63, Total of all property on Schedule A/B.....	\$	766,653.45

#### Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2. <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)		
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$	243,945.00
3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)		
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$	0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	\$	80,978.72
<b>Your total liabilities</b>		<b>\$ 324,923.72</b>

#### Part 3: Summarize Your Income and Expenses

4. <b>Schedule I: Your Income</b> (Official Form 106I)		
Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$	6,216.76
5. <b>Schedule J: Your Expenses</b> (Official Form 106J)		
Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$	4,140.61

#### Part 4: Answer These Questions for Administrative and Statistical Records

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**
- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes
7. **What kind of debt do you have?**
- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. *Check this box* and submit this form to the court with your other schedules.

Debtor 1 Ruth Anne TorchiaCase number (if known) 17-01098

8. **From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ 8,249.74

9. **Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:**

	Total claim
<b>From Part 4 on <i>Schedule E/F</i>, copy the following:</b>	
9a. Domestic support obligations (Copy line 6a.)	\$ <u>0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>0.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>0.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <u>0.00</u>
9g. <b>Total.</b> Add lines 9a through 9f.	\$ <u>0.00</u>

Fill in this information to identify your case and this filing:

Debtor 1 **Ruth Anne Torchia**  
First Name Middle Name Last Name

Debtor 2  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF SOUTH CAROLINA**

Case number **17-01098**

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
- ☒ Yes. Where is the property?

1.1

11 HUNT CUP LANE

Street address, if available, or other description

**Camden** **SC** **29020-0000**  
City State ZIP Code

**Kershaw**  
County

What is the property? Check all that apply

- ☒ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other

Who has an interest in the property? Check one

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **\$450,000.00**

Current value of the portion you own? **\$450,000.00**

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

**Fee Simple**

☐ Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number:

**DEBTORS RESIDENCE-11 HUNT CUP LANE, CAMDEN SC 29020, KERSHAW COUNTY, (5) BEDROOM HOUSE, TMS# (C257-15-OA-006-575), TAX APPRAISAL VALUE (\$391,000), SEE ATTACHED TAX APPRAISAL**

**DEBTOR ESTIMATES VALUE AT (\$450,000)**

Debtor 1 **Ruth Anne Torchia**

Case number (if known) **17-01098**

**If you own or have more than one, list here:**

1.2

**123 CONYER STREET**

Street address, if available, or other description

**Sumter SC 29150-0000**

City State ZIP Code

**Sumter**

County

**What is the property?** Check all that apply

- ☒ Single-family home  
☐ Duplex or multi-unit building  
☐ Condominium or cooperative  
☐ Manufactured or mobile home  
☐ Land  
☐ Investment property  
☐ Timeshare  
☐ Other

**Who has an interest in the property?** Check one

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

**DEBTORS PROPERTY-123 CONYER STREET, SUMTER SC 29150, (4) BEDROOM HOUSE, TMS# (2050302014), TAX APPRAISAL VALUE (\$260,000), SEE ATTACHED TAX APPRAISAL**

**DEBTOR ESTIMATES VALUE AT (\$260,000)**

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

**\$260,000.00**

Current value of the portion you own?

**\$260,000.00**

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

**Fee Simple**

☐ Check if this is community property (see instructions)

**If you own or have more than one, list here:**

1.3

**5575 PERSHING DRIVE**

Street address, if available, or other description

**Dalzell SC 29040-0000**

City State ZIP Code

**Sumter**

County

**What is the property?** Check all that apply

- ☒ Single-family home  
☐ Duplex or multi-unit building  
☐ Condominium or cooperative  
☐ Manufactured or mobile home  
☐ Land  
☐ Investment property  
☐ Timeshare  
☐ Other

**Who has an interest in the property?** Check one

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

**DEBTORS PROPERTY-5575 PERSHING DRIVE, DALZELL SC 29040, (3) BEDROOM HOUSE, TMS# (244-00-00-198), TAX APPRAISAL VALUE (\$43,300), SEE ATTACHED TAX APPRAISAL**

**DEBTOR ESTIMATES VALUE AT (\$40,000)**

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

**\$43,300.00**

Current value of the portion you own?

**\$43,300.00**

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

**Fee Simple**

☐ Check if this is community property (see instructions)

Debtor 1 **Ruth Anne Torchia**

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**If you own or have more than one, list here:**

1.4

**CORAL SANDS RESORT  
66 POPE AVENUE**

Street address, if available, or other description

**Hilton Head Island SC 29928-0000**

City State ZIP Code

**Beaufort**

County

**What is the property?** Check all that apply

- ☐ Single-family home  
☐ Duplex or multi-unit building  
☐ Condominium or cooperative  
☐ Manufactured or mobile home  
☐ Land  
☐ Investment property  
☒ Timeshare  
☐ Other \_\_\_\_\_

**Who has an interest in the property?** Check one

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

**TIMESHARE-CORAL SANDS RESORT, 66 POPE AVENUE, HILTON HEAD ISLAND, SC 29928, DEBTOR HAS A 1/52 INTEREST IN PROPERTY, DEBTORS INTEREST IN PROPERTY (\$1,000)**

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

**\$1,000.00**

Current value of the portion you own?

**\$1,000.00**

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

**Joint tenant**

☐ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

**\$754,300.00**

**Part 2: Describe Your Vehicles**

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not?** Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No  
☒ Yes

3.1 Make: **GMC**  
 Model: **YUKON**  
 Year: **2008**  
 Approximate mileage: **210,000**  
 Other information:

**2008 GMC YUKON: VIN# ( ), (4) DOOR, (8) CYLINDER, (210,000) MILES, KBB VALUE (\$5,477)**

**Who has an interest in the property?** Check one

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

**\$5,477.00**

Current value of the portion you own?

**\$5,477.00**

4. **Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

*Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories*

- ☒ No  
☐ Yes

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

**\$5,477.00**

**Part 3: Describe Your Personal and Household Items**

**Do you own or have any legal or equitable interest in any of the following items?**

**Current value of the portion you own?**  
 Do not deduct secured

Debtor 1 **Ruth Anne Torchia**Case number (if known) **17-01098**

claims or exemptions.

**6. Household goods and furnishings***Examples:* Major appliances, furniture, linens, china, kitchenware☐ No☒ Yes. Describe.....**HOUSEHOLD GOODS: COUCH, TABLES, CHAIRS, LOVESEAT,  
BEDS, DRESSERS, MICROWAVE, REFRIGERATOR, STOVE,  
WASHER, DRYER, MOWER, WEEDEATER****\$2,500.00****7. Electronics***Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games☐ No☒ Yes. Describe.....**HOUSEHOLD GOODS: TVS, DVD PLAYERS, COMPUTER****\$500.00****8. Collectibles of value***Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles☐ No☒ Yes. Describe.....**BOOKS****\$50.00****9. Equipment for sports and hobbies***Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments☒ No☐ Yes. Describe.....**10. Firearms***Examples:* Pistols, rifles, shotguns, ammunition, and related equipment☒ No☐ Yes. Describe.....**11. Clothes***Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories☐ No☒ Yes. Describe.....**CLOTHING****\$500.00****12. Jewelry***Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver☐ No☒ Yes. Describe.....**JEWELRY****\$1,000.00****13. Non-farm animals***Examples:* Dogs, cats, birds, horses☐ No☒ Yes. Describe.....**ANIMALS: MIXED BREED DOG****\$100.00**

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- ☒ No
- ☐ Yes. Give specific information.....

- \$4,650.00**

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

- ☐ No
- ☒ Yes.....

**\$40.00**

- ☐ No
- ☒ Yes..... Institution name:

**\$564.00**

**\$158.00**

**\$150.00**

**\$150.00**

- ☐ No
- ☐ Yes..... Institution or issuer name:

- ☐ No
- ☐ Yes. Give specific information about them.....
- Name of entity:

- ☐ No
- ☐ Yes. Give specific information about them
- Issuer name:

- ☐
- No

Debtor 1 **Ruth Anne Torchia**

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☒ Yes. List each account separately.

Type of account:

Institution name:

**401(k)**

**RETIREMENT PROGRAM: ERISA QUALIFIED  
401(K) RETIREMENT PROGRAM, FACE  
VALUE OF PROGRAM (\$1,164.45), CASH  
SURRENDER VALUE OF PROGRAM (\$0.00)**

**\$1,164.45**

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No

☐ Yes. ....

Institution name or individual:

**23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No

☐ Yes.....

Issuer name and description.

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No

☐ Yes.....

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

☒ No

☐ Yes. Give specific information about them...

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No

☐ Yes. Give specific information about them...

**27. Licenses, franchises, and other general intangibles**

*Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No

☐ Yes. Give specific information about them...

**Money or property owed to you?**

**Current value of the  
portion you own?**  
Do not deduct secured  
claims or exemptions.

**28. Tax refunds owed to you**

☒ No

☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

**29. Family support**

*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No

☐ Yes. Give specific information.....

**30. Other amounts someone owes you**

*Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☒ No

☐ Yes. Give specific information..

**31. Interests in insurance policies**

*Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☐ No

☒ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund



Debtor 1 **Ruth Anne Torchia**

Case number (if known) **17-01098**

value:

**TRANSLIFE LIFE INSURANCE: TERM LIFE INSURANCE POLICY, FACE VALUE OF POLICY (\$250,000), CASH SURRENDER VALUE OF POLICY (\$0.00)**

**\$0.00**

**CIGNA LIFE INSURANCE: TERM LIFE INSURANCE POLICY, FACE VALUE OF POLICY (\$115,000), CASH SURRENDER VALUE OF POLICY (\$0.00)**

**\$0.00**

**CIGNA LIFE INSURANCE: TERM LIFE INSURANCE POLICY, FACE VALUE OF POLICY (\$382,000), CASH SURRENDER VALUE OF POLICY (\$0.00)**

**\$0.00**

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No

☐ Yes. Give specific information..

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

☒ No

☐ Yes. Describe each claim.....

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

☒ No

☐ Yes. Describe each claim.....

**35. Any financial assets you did not already list**

☒ No

☐ Yes. Give specific information..

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....**

**\$2,226.45**

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

**37. Do you own or have any legal or equitable interest in any business-related property?**

☒ No. Go to Part 6.

☐ Yes. Go to line 38.

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**

If you own or have an interest in farmland, list it in Part 1.

**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

☒ No. Go to Part 7.

☐ Yes. Go to line 47.

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

Debtor 1 Ruth Anne TorchiaCase number (if known) 17-01098

## 53. Do you have other property of any kind you did not already list?

*Examples: Season tickets, country club membership*☒ No☐ Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here .....

\$0.00**Part 8:** List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2 .....		<u>\$754,300.00</u>
56. Part 2: Total vehicles, line 5	<u>\$5,477.00</u>	
57. Part 3: Total personal and household items, line 15	<u>\$4,650.00</u>	
58. Part 4: Total financial assets, line 36	<u>\$2,226.45</u>	
59. Part 5: Total business-related property, line 45	<u>\$0.00</u>	
60. Part 6: Total farm- and fishing-related property, line 52	<u>\$0.00</u>	
61. Part 7: Total other property not listed, line 54	+ <u>\$0.00</u>	
62. Total personal property. Add lines 56 through 61...	<u>\$12,353.45</u>	Copy personal property total <u>\$12,353.45</u>
63. Total of all property on Schedule A/B. Add line 55 + line 62		<u>\$766,653.45</u>

**Parcel Information Report**

C257-15-0A-006-S76

**General Information**

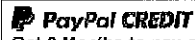
<b>Parcel Number</b> C257-15-0A-006-S76	<b>Building Type</b> Residential	<b>Grantor</b> TORCHIA NICHOLAS A
<b>Owner Name</b> TORCHIA RUTH A	<b>Finished Building Area</b> 4233	<b>Previous Deed Book-Page</b> 626-209
<b>Owner Name2</b>	<b>Number Of Bedrooms</b> 0	<b>Previous Sale Date</b> 1998/04/24
<b>Owner Name3</b>	<b>Number Of Full Baths</b> 0	<b>Previous Sale Price</b> \$5.00
<b>Location Address</b> 11 HUNT CUP LANE CAMDEN, SC 29020	<b>Exterior Wall Type</b> Brick Veneer	<b>Zoning</b>
<b>Mailing Address</b> 11 HUNT CUP LN CAMDEN, SC 29020	<b>Detached Garage Carport</b>	<b>Deed Book-Page</b> 689-152
<b>Legal Description</b>	<b>Primary LandUse Code</b> LR	<b>Plat Book</b> A62
<b>Year Built</b> 0	<b>Taxable Land Value</b> 90000	<b>Plat Page</b> 009
<b>Total Acreage</b> 0.00	<b>Total Yard Item Value</b> 18700	<b>District</b> 275
<b>Sale Date</b> 1998/10/22	<b>Total Building Value</b> 282300	
<b>Sale Price</b> \$5.00	<b>Total Taxable Value</b> 391000	
<b>Sale Type</b> Family Sale	<b>Total Full Market Value</b> 391000	

**Bill Information**

Owner Name	TORCHIA RUTH WILLIAMS
Description	LOT 4 Z46-113 PB93-699
Bill Number	070698163
Bill Class	Parcel
Tax Year	2016

**Tax Information**

Base Amount	\$4,868.48
Penalties	\$788.09
Total	\$5,656.57

 **PayPal CREDIT**  
Get 6 Months to pay on \$99 or more  
Check out with PayPal and choose PayPal Credit.  
Subject to credit approval. See terms. US customers only.

**Property Information**

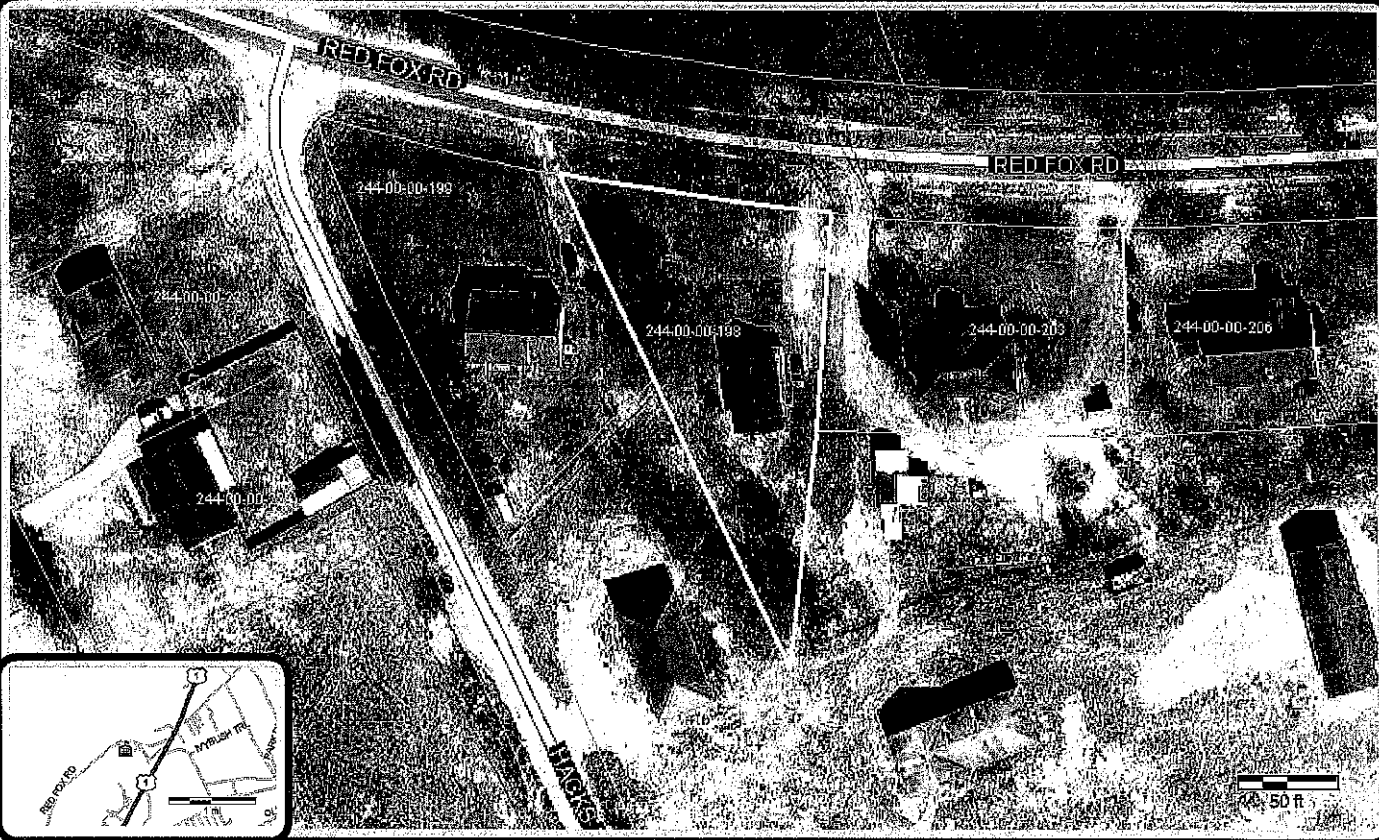
Property ID	2050302014
Description	LOT 4 Z46-113 PB93-699
District	17

**Payment Information**

Due Date	01/17/2017
Payment Status	 Unpaid
Last Payment Date	
Last Payment Amount	
Total Due	\$5,656.57

**Parcel Information Report**

244-00-00-198

**General Information**

<b>Parcel Number</b> 244-00-00-198	<b>Building Type</b> Residential	<b>Grantor</b> WARD WILLIAM O
<b>Owner Name</b> TORCHIA RUTH A	<b>Finished Building Area</b> 640	<b>Previous Deed Book-Page</b> 1196-64
<b>Owner Name2</b>	<b>Number Of Bedrooms</b> 0	<b>Previous Sale Date</b> 2002/08/05
<b>Owner Name3</b>	<b>Number Of Full Baths</b> 0	<b>Previous Sale Price</b> \$41,900.00
<b>Location Address</b> 923 RED FOX ROAD CAMDEN, SC 29020	<b>Exterior Wall Type</b> Vinyl	<b>Zoning</b>
<b>Mailing Address</b> 11 HUNT CUP LANE CAMDEN, SC 29020	<b>Detached Garage Carport</b>	<b>Deed Book-Page</b> 3281-93
<b>Legal Description</b>	<b>Primary LandUse Code</b> RG	<b>Plat Book</b> 194
<b>Year Built</b> 0	<b>Taxable Land Value</b> 7500	<b>Plat Page</b> 225
<b>Total Acreage</b> 0.00	<b>Total Yard Item Value</b> 0	<b>District</b> 290
<b>Sale Date</b> 2014/09/16	<b>Total Building Value</b> 35500	
<b>Sale Price</b> \$5.00	<b>Total Taxable Value</b> 43000	
<b>Sale Type</b> No Match	<b>Total Full Market Value</b> 43000	

**Fill in this information to identify your case:**

Debtor 1	<b>Ruth Anne Torchia</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)	17-01098		

☐ Check if this is an amended filing

**Official Form 106C**

**Schedule C: The Property You Claim as Exempt**

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1: Identify the Property You Claim as Exempt**

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own <small>Copy the value from <i>Schedule A/B</i></small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
DEBTORS RESIDENCE-11 HUNT CUP LANE, CAMDEN SC 29020, KERSHAW COUNTY, (5) BEDROOM HOUSE, TMS# (C257-15-OA-006-575), TAX APPRAISAL VALUE (\$391,000), SEE ATTACHED TAX APPRAISAL	\$450,000.00	<input checked="" type="checkbox"/> \$59,100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(1)
DEBTOR ESTIMATES VALUE AT (\$450,000) Line from <i>Schedule A/B</i> : 1.1			
2008 GMC YUKON: VIN# ( ), (4) DOOR, (8) CYLINDER, (210,000) MILES, KBB VALUE (\$5,477) Line from <i>Schedule A/B</i> : 3.1	\$5,477.00	<input checked="" type="checkbox"/> \$5,900.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(2)
HOUSEHOLD GOODS: COUCH, TABLES, CHAIRS, LOVESEAT, BEDS, DRESSERS, MICROWAVE, REFRIGERATOR, STOVE, WASHER, DRYER, MOWER, WEEDEATER Line from <i>Schedule A/B</i> : 6.1	\$2,500.00	<input checked="" type="checkbox"/> \$2,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)

Debtor 1 **Ruth Anne Torchia**Case number (if known) **17-01098**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
<b>HOUSEHOLD GOODS: TVS, DVD PLAYERS, COMPUTER</b> Line from Schedule A/B: 7.1	<u>\$500.00</u>	<input checked="" type="checkbox"/> <u>\$500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)
<b>BOOKS</b> Line from Schedule A/B: 8.1	<u>\$50.00</u>	<input checked="" type="checkbox"/> <u>\$50.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)
<b>CLOTHING</b> Line from Schedule A/B: 11.1	<u>\$500.00</u>	<input checked="" type="checkbox"/> <u>\$500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)
<b>JEWELRY</b> Line from Schedule A/B: 12.1	<u>\$1,000.00</u>	<input checked="" type="checkbox"/> <u>\$1,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(4)
<b>ANIMALS: MIXED BREED DOG</b> Line from Schedule A/B: 13.1	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)
<b>401(k): RETIREMENT PROGRAM: ERISA QUALIFIED 401(K) RETIREMENT PROGRAM, FACE VALUE OF PROGRAM (\$1,164.45), CASH SURRENDER VALUE OF PROGRAM (\$0.00)</b> Line from Schedule A/B: 21.1	<u>\$1,164.45</u>	<input checked="" type="checkbox"/> <u>\$1,164.45</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(14)
<b>TRANSLIFE LIFE INSURANCE: TERM LIFE INSURANCE POLICY, FACE VALUE OF POLICY (\$250,000), CASH SURRENDER VALUE OF POLICY (\$0.00)</b> Line from Schedule A/B: 31.1	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$250,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(8)
<b>CIGNA LIFE INSURANCE: TERM LIFE INSURANCE POLICY, FACE VALUE OF POLICY (\$115,000), CASH SURRENDER VALUE OF POLICY (\$0.00)</b> Line from Schedule A/B: 31.2	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$115,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(8)
<b>CIGNA LIFE INSURANCE: TERM LIFE INSURANCE POLICY, FACE VALUE OF POLICY (\$382,000), CASH SURRENDER VALUE OF POLICY (\$0.00)</b> Line from Schedule A/B: 31.3	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$382,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(8)

Debtor 1 **Ruth Anne Torchia**

Case number (if known)

**17-01098**

3. **Are you claiming a homestead exemption of more than \$160,375?**

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

☒ No

☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

☐ No

☐ Yes



**Fill in this information to identify your case:**

Debtor 1	<b>Ruth Anne Torchia</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)	17-01098		

☐ Check if this is an amended filing

**Official Form 106D**

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

**1. Do any creditors have claims secured by your property?**

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

**2. List all secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
<b>2.1 CAROLINA TITLE LOAN</b> <small>Creditor's Name</small>  <b>1120 BROAD STREET</b> <b>Sumter, SC 29150</b> <small>Number, Street, City, State &amp; Zip Code</small>	<b>Describe the property that secures the claim:</b> <b>2008 GMC YUKON: TO BE VALUED IN PLAN</b>  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Nature of lien.</b> Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <b>Auto Loan</b>	<b>\$6,000.00</b>	<b>\$5,477.00</b>
<b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt			<b>\$523.00</b>
<b>Date debt was incurred</b> <b>1/16</b> <b>Last 4 digits of account number</b> <b>8459</b>			

<b>2.2 CORAL SANDS</b> <small>Creditor's Name</small>  <b>PO BOX 60822</b> <b>Charlotte, NC 28260</b> <small>Number, Street, City, State &amp; Zip Code</small>	<b>Describe the property that secures the claim:</b> <b>TIMESHARE-CORAL SANDS RESPORT, 66 POPE AVENUE, HILTON HEAD ISLAND, SC 29928: DEBTOR TO SURRENDER INTEREST</b>  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Nature of lien.</b> Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <b>Timeshare</b>	<b>\$2,945.00</b>	<b>\$1,000.00</b>
<b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt			<b>\$1,945.00</b>

Debtor 1 **Ruth Anne Torchia** Case number (if know) **17-01098**  
First Name Middle Name Last Name

Date debt was incurred **1/14** Last 4 digits of account number **9581**

2.3	WELLS FARGO HOME MORTGAGE	Describe the property that secures the claim:	\$235,000.00	\$450,000.00	\$0.00
	Creditor's Name  <b>PO BOX 14591 Des Moines, IA 50303</b> Number, Street, City, State & Zip Code	<b>DEBTORS RESIDENCE-11 HUNT CUP LANE, CAMDEN SC 29020: ARREARS TO BE ADDRESSED BY LOAN MODIFICATION, DEBTOR TO RESUME JUNE 2017</b> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Nature of lien.</b> Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <b>Mortgage</b>			
<b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt					

Date debt was incurred **1/10** Last 4 digits of account number **9757**

Add the dollar value of your entries in Column A on this page. Write that number here:  
If this is the last page of your form, add the dollar value totals from all pages.  
Write that number here:

<b>\$243,945.00</b>
<b>\$243,945.00</b>

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code <b>KERSHAW COUNTY CLERK OF COURT PO BOX 1557 Camden, SC 29020</b>	On which line in Part 1 did you enter the creditor? <b>2.3</b> Last 4 digits of account number ____
<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code <b>KERSHAW COUNTY MAGISTRATE 1211 BROAD STREET Camden, SC 29020</b>	On which line in Part 1 did you enter the creditor? <b>2.3</b> Last 4 digits of account number ____
<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code <b>ROGERS TOWNSEND &amp; THOMAS PO BOX 100200 Columbia, SC 29202</b>	On which line in Part 1 did you enter the creditor? <b>2.3</b> Last 4 digits of account number ____

**Fill in this information to identify your case:**

Debtor 1	<b>Ruth Anne Torchia</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)	17-01098		

☐ Check if this is an amended filing

Official Form 106E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

**12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims against you?

☒ No. Go to Part 2.

☐ Yes.

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

3. Do any creditors have nonpriority unsecured claims against you?

☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.

☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1	<b>BANK OF AMERICA</b> Nonpriority Creditor's Name <b>PO BOX 5170</b> <b>Simi Valley, CA 93062</b> Number Street City State Zip Code	Last 4 digits of account number <b>8459</b> When was the debt incurred? <b>4/13</b>	Total claim <b>\$11,339.00</b>
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Line of Credit</b>	

Debtor 1 **Ruth Anne Torchia**

Case number (if know)

**17-01098**

4.2

**BLACKWELL RECOVERY**

Nonpriority Creditor's Name

**4150 N DRINKWAER BLVD, STE 200  
Scottsdale, AZ 85251**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number **4754****\$6,232.00**When was the debt incurred? **8/16****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collections**

4.3

**CAMDEN RADIOLOGY**

Nonpriority Creditor's Name

**PO BOX 2769  
Orangeburg, SC 29116**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number **8459****\$21.50**When was the debt incurred? **1/16****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Bills**

4.4

**CARECELL**

Nonpriority Creditor's Name

**1857 HARLEM DRIVE  
Las Vegas, NV 89119**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number **8459****\$10,802.83**When was the debt incurred? **1/14****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collections**

Debtor 1 **Ruth Anne Torchia**Case number (if know) **17-01098**

4.5

**DUKE ENERGY**

Nonpriority Creditor's Name

**PO BOX 1003****Charlotte, NC 28201**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**
- Is the claim subject to offset?**
- ☒ No
- ☐ Yes

Last 4 digits of account number **8459****\$0.00**When was the debt incurred? **1/16****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Notice Only**

4.6

**ERC**

Nonpriority Creditor's Name

**PO BOX 23870****Jacksonville, FL 32241**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**
- Is the claim subject to offset?**
- ☒ No
- ☐ Yes

Last 4 digits of account number **8459****\$84.94**When was the debt incurred? **1/15****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collections-TIME WARNER**

4.7

**FIRST CITIZENS BANK**

Nonpriority Creditor's Name

**PO BOX 29****Columbia, SC 29202**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☒ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**
- Is the claim subject to offset?**
- ☒ No
- ☐ Yes

Last 4 digits of account number **7344****\$7,218.50**When was the debt incurred? **8/94****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☒ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Line of Credit**

Debtor 1 **Ruth Anne Torchia**

Case number (if know)

**17-01098**

4.8

**HELVEY & ASSOCIATES**

Nonpriority Creditor's Name

**RE: DUKE ENERGY  
1015 E CENTER ST  
Warsaw, IN 46580**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

**Last 4 digits of account number** **8459****\$607.00****When was the debt incurred?** **1/16****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collections**

4.9

**ICA COLLECTIONS**

Nonpriority Creditor's Name

**PO BOX 2240  
Burlington, NC 27216**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

**Last 4 digits of account number** **0700****\$99.40****When was the debt incurred?** **1/14****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collections**4.1  
0**IRS**

Nonpriority Creditor's Name

**PO BOX 7346  
Philadelphia, PA 19101-7346**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

**Last 4 digits of account number****\$0.00****When was the debt incurred?****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **NOTICE ONLY**

Debtor 1 **Ruth Anne Torchia**

Case number (if know)

**17-01098**4.1  
1**KERSHAW COUNTY TREASURER**

Nonpriority Creditor's Name

**PO BOX 622****Camden, SC 29020**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number

**\$0.00****When was the debt incurred?****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify \_\_\_\_\_

4.1  
2**PALMETTO HEALTH**

Nonpriority Creditor's Name

**293 GREYSTONE BLVD****Columbia, SC 29210**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number

**8459****\$446.79****When was the debt incurred?****1/15****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Medical Bills**

4.1  
3**PALMETTO HEALTH**

Nonpriority Creditor's Name

**PO BOX 100408****Atlanta, GA 30384**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number

**8459****\$992.30****When was the debt incurred?****1/15****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Medical Bills**

Debtor 1 **Ruth Anne Torchia**

Case number (if know)

**17-01098**4.1  
4**PITTS RADIOLOGY**

Nonpriority Creditor's Name

**PO BOX 602728****Charlotte, NC 28260**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number **5855****\$75.00**When was the debt incurred? **10/14****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Bills**4.1  
5**PROFESSIONAL PATHOLOGY**

Nonpriority Creditor's Name

**5700 SOUTHWYCH BLVD****Toledo, OH 43614**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number **2811****\$1,267.00**When was the debt incurred? **1/16****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Bills**4.1  
6**PROFESSIONAL PATHOLOGY**

Nonpriority Creditor's Name

**PO BOX 876****Greenville, NC 27835**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number **4288****\$194.00**When was the debt incurred? **11/14****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collections**



Debtor 1 **Ruth Anne Torchia**

Case number (if know)

**17-01098**4.1  
7**RECEIVABLE SOLUTIONS**

Nonpriority Creditor's Name

**PO BOX 21808****Columbia, SC 29221**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number **8459****\$1,014.29**When was the debt incurred? **1/16****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collections**4.1  
8**RECEIVABLE SOLUTIONS**

Nonpriority Creditor's Name

**PO BOX 21808****Columbia, SC 29221**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number **8459****\$20.00**When was the debt incurred? **1/16****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collections-KERSHAW HEALTH**4.1  
9**RECEIVABLE SOLUTIONS**

Nonpriority Creditor's Name

**PO BOX 21808****Columbia, SC 29221**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number **8459****\$102.63**When was the debt incurred? **1/15****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collections**

Debtor 1 **Ruth Anne Torchia**

Case number (if know)

**17-01098**4.2  
0**SC DEPT OF REVENUE**

Nonpriority Creditor's Name

**PO BOX 12265****Columbia, SC 29211**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number

**\$0.00****When was the debt incurred?****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **NOTICE ONLY**4.2  
1**SOLSTAR**

Nonpriority Creditor's Name

**PO BOX 740032****Cincinnati, OH 45274**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number

**8459****\$5.70****When was the debt incurred?****1/16****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collections**4.2  
2**SUMTER COUNTY TREASURER**

Nonpriority Creditor's Name

**PO BOX 1775****Sumter, SC 29151-1775**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number

**\$0.00****When was the debt incurred?****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

Debtor 1 **Ruth Anne Torchia**Case number (if know) **17-01098**4.2  
3**TOUMEY HEALTHCARE SYSTEM**

Nonpriority Creditor's Name

**PO BOX 29  
Asheville, NC 28815**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **9714****\$0.00**When was the debt incurred? **1/15**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Notice Only**4.2  
4**TRANSWORLD SYSTEMS**

Nonpriority Creditor's Name

**TWO HUNTINGTON QUADRANGLE  
SUITE 3702  
Melville, NY 11747**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **8459****\$688.34**When was the debt incurred? **1/15**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collections**4.2  
5**WELLS FARGO HOME MORTGAGE**

Nonpriority Creditor's Name

**PO BOX 3117  
Winston Salem, NC 27102**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☒ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **7740****\$24,767.50**When was the debt incurred? **12/04**

As of the date you file, the claim is: Check all that apply

- ☒ Contingent
- ☐ Unliquidated
- ☒ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collections**

Debtor 1 **Ruth Anne Torchia**

Case number (if know)

**17-01098**4.2  
6**WILSON HALL**

Nonpriority Creditor's Name

**520 WILSON HALL ROAD  
Sumter, SC 29150**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number **8459****\$15,000.00**When was the debt incurred? **1/16**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Services****Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

**ATTORNEY GENERAL OF UNITED STATES**  
**950 PENNSYLVANIA AVE, NW**  
**Washington, DC 20530-0001**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.10** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
- ☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**FIRST CITIZENS BANK**  
**PO BOX 1580**  
**Roanoke, VA 24007**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.7** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
- ☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**LABCORP**  
**20 CORP HILLS**  
**Saint Charles, MO 63301**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.9** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
- ☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**PROFESSIONAL PATHOLOGY**  
**PO BOX 876**  
**Greenville, NC 27835**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.15** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
- ☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**US ATTORNEY'S OFFICE**  
**ATTN DOUG BARNETT**  
**1441 MAIN ST STE 500**  
**Columbia, SC 29201**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.10** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
- ☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1			Total Claim	
	6a.	Domestic support obligations	6a.	\$ <b>0.00</b>
	6b.	Taxes and certain other debts you owe the government	6b.	\$ <b>0.00</b>
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ <b>0.00</b>
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ <b>0.00</b>

Debtor 1 **Ruth Anne Torchia**

Case number (if know) **17-01098**

<b>Total claims from Part 2</b>	<p>6e. <b>Total Priority.</b> Add lines 6a through 6d.</p>	<p>6e.</p>	<p>\$ <b>0.00</b></p>
	<p>6f. <b>Student loans</b></p>	<p>6f.</p>	<p style="text-align: center;"><b>Total Claim</b></p> <p>\$ <b>0.00</b></p>
	<p>6g. <b>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</b></p>	<p>6g.</p>	<p>\$ <b>0.00</b></p>
	<p>6h. <b>Debts to pension or profit-sharing plans, and other similar debts</b></p>	<p>6h.</p>	<p>\$ <b>0.00</b></p>
	<p>6i. <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.</p>	<p>6i.</p>	<p>\$ <b>80,978.72</b></p>
	<p>6j. <b>Total Nonpriority.</b> Add lines 6f through 6i.</p>	<p>6j.</p>	<p>\$ <b>80,978.72</b></p>

**Fill in this information to identify your case:**

Debtor 1	<b>Ruth Anne Torchia</b>		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number	<b>17-01098</b>		
(if known)			

☐ Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

**Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).**

- Do you have any executory contracts or unexpired leases?**
  - ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone).** See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1	Name  Number Street  City State ZIP Code	
2.2	Name  Number Street  City State ZIP Code	
2.3	Name  Number Street  City State ZIP Code	
2.4	Name  Number Street  City State ZIP Code	
2.5	Name  Number Street  City State ZIP Code	

Fill in this information to identify your case:

Debtor 1 **Ruth Anne Torchia**  
First Name Middle Name Last Name

Debtor 2  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF SOUTH CAROLINA**

Case number **17-01098**  
(if known)

☐ Check if this is an amended filing

## Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

☐ No  
☒ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☒ No. Go to line 3.  
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor  
Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt  
Check all schedules that apply:

3.1 **NICHOLAS TORCHIA**  
**40 MARKET STREET, APT 605**  
**Newton, NJ 07860**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.1**  
☐ Schedule G \_\_\_\_\_  
**BANK OF AMERICA**

3.2 **NICHOLAS TORCHIA**  
**40 MARKET STREET, APT 605**  
**Newton, NJ 07860**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.7**  
☐ Schedule G \_\_\_\_\_  
**FIRST CITIZENS BANK**

3.3 **NICHOLAS TORCHIA**  
**40 MARKET STREET, APT 605**  
**Newton, NJ 07860**

☒ Schedule D, line **2.3**  
☐ Schedule E/F, line \_\_\_\_\_  
☐ Schedule G \_\_\_\_\_  
**WELLS FARGO HOME MORTGAGE**

Debtor 1 **Ruth Anne Torchia**

Case number (if known) **17-01098**

**Additional Page to List More Codebtors**

*Column 1: Your codebtor*

*Column 2: The creditor to whom you owe the debt*  
Check all schedules that apply:

3.4 **NICHOLAS TORCHIA**  
**40 MARKET STREET, APT 605**  
**Newton, NJ 07860**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.25**  
☐ Schedule G \_\_\_\_\_  
**WELLS FARGO HOME MORTGAGE**



Fill in this information to identify your case:

Debtor 1 Ruth Anne Torchia

Debtor 2  
(Spouse, if filing) \_\_\_\_\_

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number 17-01098  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

		Debtor 1	Debtor 2 or non-filing spouse
<b>1. Fill in your employment information.</b>  If you have more than one job, attach a separate page with information about additional employers.  Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.	<b>Employment status</b>	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input type="checkbox"/> Not employed
	<b>Occupation</b>	<u>BROKER IN CHARGE</u>	
	<b>Employer's name</b>	<u>COLDWELL BANKER</u>	
	<b>Employer's address</b>	<u>1229 ALICE DRIVE</u> <u>Sumter, SC 29150</u>	
	<b>How long employed there?</b>	<u>4 YEARS</u>	

#### Part 2: Give Details About Monthly Income

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. <b>List monthly gross wages, salary, and commissions</b> (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>7,074.74</u>	\$ <u>N/A</u>
3. <b>Estimate and list monthly overtime pay.</b>	3. +\$ <u>0.00</u>	+\$ <u>N/A</u>
4. <b>Calculate gross income.</b> Add line 2 + line 3.	4. \$ <u>7,074.74</u>	\$ <u>N/A</u>

Debtor 1 **Ruth Anne Torchia**

Case number (if known) **17-01098**

	For Debtor 1	For Debtor 2 or non-filing spouse	
<b>Copy line 4 here</b> .....	4. \$ <b>7,074.74</b>	\$ <b>N/A</b>	
<b>5. List all payroll deductions:</b>			
5a. Tax, Medicare, and Social Security deductions	5a. \$ <b>1,657.28</b>	\$ <b>N/A</b>	
5b. Mandatory contributions for retirement plans	5b. \$ <b>0.00</b>	\$ <b>N/A</b>	
5c. Voluntary contributions for retirement plans	5c. \$ <b>70.66</b>	\$ <b>N/A</b>	
5d. Required repayments of retirement fund loans	5d. \$ <b>0.00</b>	\$ <b>N/A</b>	
5e. Insurance	5e. \$ <b>305.04</b>	\$ <b>N/A</b>	
5f. Domestic support obligations	5f. \$ <b>0.00</b>	\$ <b>N/A</b>	
5g. Union dues	5g. \$ <b>0.00</b>	\$ <b>N/A</b>	
5h. Other deductions. Specify: .....	5h.+ \$ <b>0.00</b>	+ \$ <b>N/A</b>	
<b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ <b>2,032.98</b>	\$ <b>N/A</b>	
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7. \$ <b>5,041.76</b>	\$ <b>N/A</b>	
<b>8. List all other income regularly received:</b>			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <b>0.00</b>	\$ <b>N/A</b>	
8b. Interest and dividends	8b. \$ <b>0.00</b>	\$ <b>N/A</b>	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <b>1,175.00</b>	\$ <b>N/A</b>	
8d. Unemployment compensation	8d. \$ <b>0.00</b>	\$ <b>N/A</b>	
8e. Social Security	8e. \$ <b>0.00</b>	\$ <b>N/A</b>	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: .....	8f. \$ <b>0.00</b>	\$ <b>N/A</b>	
8g. Pension or retirement income	8g. \$ <b>0.00</b>	\$ <b>N/A</b>	
8h. Other monthly income. Specify: .....	8h.+ \$ <b>0.00</b>	+ \$ <b>N/A</b>	
<b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ <b>1,175.00</b>	\$ <b>N/A</b>	
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <b>6,216.76</b>	+ \$ <b>N/A</b>	= \$ <b>6,216.76</b>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: .....			
		11. +\$ <b>0.00</b>	
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data</i> , if it applies		12. \$ <b>6,216.76</b>	<b>Combined monthly income</b>
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>			
<input checked="" type="checkbox"/> No.			
<input type="checkbox"/> Yes. Explain: <b>DEBTOR DOES NOT ANTICIPATE ANY CHANGES TO INCOME WITHIN THE NEXT YEAR.</b>			

CO.	FILE	DEPT	CLOCK	VOHR	NO	DATE
8E2	485183	010972		0000014062	1	

**Earnings Statement**

063-0002

NRT CAROLINAS LLC  
175 PARK AVENUE  
MADISON, NJ, 07940-1123

Period Beginning: 12/24/2016  
Period Ending: 01/06/2017  
Pay Date: 01/06/2017

Taxable Marital Status: Single  
Exemptions/Allowances:  
Federal: 0  
SC: 0

**RUTH A TORCHIA**  
**11 HUNT CUP LANE**  
**CAMDEN SC 29020**

Earnings	rate	hours	this period	year to date
Regular	36.6827	80.00	2,934.62	2,934.62
<b>Gross Pay</b>			<b>\$2,934.62</b>	2,934.62

Other Benefits and Information	this period	total to date
G.T.L.	4.68	4.68
Group Term Life		4.68

Deductions	Statutory	Other	this period	year to date
Federal Income Tax			-509.79	509.79
Social Security Tax			-174.38	174.38
Medicare Tax			-40.78	40.78
SC State Income Tax			-182.24	182.24
Ad&D			-4.22*	4.22
Dental			-20.89*	20.89
Medical			-92.26*	92.26
Vision			-9.34*	9.34
401K			-29.35*	29.35
<b>Net Pay</b>			<b>\$1,871.37</b>	
Checking 1			-1,871.37	
<b>Net Check</b>			<b>\$0.00</b>	

**Important Notes**  
FOR PAYROLL QUESTIONS - PHONE NUMBER: 866-907-1688

\* Excluded from federal taxable wages

Your federal taxable wages this period are  
\$2,783.24

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NRT CAROLINAS LLC  
175 PARK AVENUE  
MADISON, NJ, 07940-1123

Advice number: 00000014062  
Pay date: 01/06/2017

Deposited to the account of	account number	transit ABA	amount
RUTH A TORCHIA	xxxxx7025	xxxx xxxx	\$1,871.37

**THIS IS NOT A CHECK**

**NON-NEGOTIABLE**

CO.	FILE	DEPT	CLOCK	VCHR	NO	COUNT
BE2	485168	010972		0000030060	1	

**Earnings Statement**

061-0002

NRT CAROLINAS LLC  
175 PARK AVENUE  
MADISON, NJ, 07940-1123

Period Beginning: 01/07/2017  
Period Ending: 01/20/2017  
Pay Date: 01/20/2017

Taxable Marital Status: Married  
Exemptions/Allowances:  
Federal: 3  
SC: 3

**RUTH A TORCHIA**  
**11 HUNT CUP LANE**  
**CAMDEN SC 29020**

Earnings	rate	hours	this period	year to date
Regular	36.6827	64.00	2,347.69	5,282.31
Ltd Imp Income			4.12	4.12
Sick Pay	36.6827	16.00	586.92	586.92
<b>Gross Pay</b>			<b>\$2,938.73</b>	<b>5,873.35</b>

Other Benefits and Information	this period	total to date
G.T.L.	4.68	9.36
Group Term Life		4.68

Deductions	Statutory		
Federal Income Tax	-262.25	772.04	
Social Security Tax	-174.64	349.02	
Medicare Tax	-40.84	81.62	
SC State Income Tax	-155.68	337.92	
<b>Other</b>			
Ad&D	-4.22*	8.44	
Dental	-20.89*	41.78	
Ltd Imp Income	-4.12		
Medical	-92.26*	184.52	
Vision	-9.34*	18.68	
401K	-29.35*	58.70	
<b>Net Pay</b>	<b>\$2,145.14</b>		
Checking 1	-2,145.14		
<b>Net Check</b>	<b>\$0.00</b>		

**Important Notes**

EFFECTIVE THIS PAY PERIOD YOUR MARITAL STATUS HAS CHANGED FROM SINGLE TO MARRIED.

EFFECTIVE THIS PAY PERIOD YOUR STATE EXEMPTIONS/ALLOWANCES HAVE BEEN CHANGED FROM 0 TO 3.

EFFECTIVE THIS PAY PERIOD YOUR FEDERAL EXEMPTIONS HAVE BEEN CHANGED FROM 0 TO 3.

FOR PAYROLL QUESTIONS - PHONE NUMBER: 866-907-1688

\* Excluded from federal taxable wages

Your federal taxable wages this period are  
\$2,787.35

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NRT CAROLINAS LLC  
175 PARK AVENUE  
MADISON, NJ, 07940-1123

Advice number: 00000030060  
Pay date: 01/20/2017

Deposited to the account of	account number	transit ABA	amount
RUTH A TORCHIA	xxxxx7025	xxxx xxxx	\$2,145.14

**THIS IS NOT A CHECK**

**NON-NEGOTIABLE**

CO.	FILE	DEPT	CLOCK	VCHR	NO
BE2	485168	010972		0000050062	1

**Earnings Statement**

063-0002

NRT CAROLINAS LLC  
175 PARK AVENUE  
MADISON, NJ, 07940-1123

Period Beginning: 01/21/2017  
Period Ending: 02/03/2017  
Pay Date: 02/03/2017

Taxable Marital Status: Married  
Exemptions/Allowances:  
Federal: 3  
SC: 3

**RUTH A TORCHIA**  
**11 HUNT CUP LANE**  
**CAMDEN SC 29020**

Earnings	rate	hours	this period	year to date
Regular	36.6827	80.00	2,934.62	8,216.93
Ltd Imp Income			8.24	12.36
Sick Pay				586.92
<b>Gross Pay</b>			<b>\$2,942.86</b>	<b>8,816.21</b>

Other Benefits and Information	this period	total to date
G.T.L.	4.68	14.04
Group Term Life		4.68

Deductions	Statutory	Other	year to date
Federal Income Tax	-262.87		1,034.91
Social Security Tax	-174.89		523.91
Medicare Tax	-40.91		122.53
SC State Income Tax	-155.97		493.89
Ad&D	-4.22*		12.66
Dental	-20.89*		62.67
Ltd Imp Income	-8.24		
Medical	-92.26*		276.78
Vision	-9.34*		28.02
401K	-29.35*		88.05
<b>Net Pay</b>			<b>\$2,143.92</b>
Checking 1	-2,143.92		
<b>Net Check</b>			<b>\$0.00</b>

**Important Notes**

FOR PAYROLL QUESTIONS - PHONE NUMBER: 866-907-1688

**\* Excluded from federal taxable wages**

Your federal taxable wages this period are  
\$2,791.48

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NRT CAROLINAS LLC  
175 PARK AVENUE  
MADISON, NJ, 07940-1123

Advice number: 00000050062  
Pay date: 02/03/2017

Deposited to the account of	account number	transit ABA	amount
RUTH A TORCHIA	xxxxx7025	xxxx xxxx	\$2,143.92

**NON-NEGOTIABLE**

CO	FILE	DEPT	CLOCK	VCHR NO	DATE
BE2	485168	010972		0000070059	1

**Earnings Statement**

060-0002

NRT CAROLINAS LLC  
175 PARK AVENUE  
MADISON, NJ, 07940-1123

Period Beginning: 02/04/2017  
Period Ending: 02/17/2017  
Pay Date: 02/17/2017

Taxable Marital Status: Married  
Exemptions/Allowances:  
Federal: 3  
SC: 3

**RUTH A TORCHIA**  
**11 HUNT CUP LANE**  
**CAMDEN SC 29020**

Earnings	rate	hours	this period	year to date
Regular	36.6827	80.00	2,934.62	11,151.55
Ltd Imp Income			4.12	16.48
Sick Pay				586.92
<b>Gross Pay</b>			<b>\$2,938.74</b>	<b>11,754.95</b>

Other Benefits and Information	this period	total to date
G.T.L.	4.68	18.72
Group Term Life		4.68

Deductions	Statutory	Other	year to date
Federal Income Tax	-262.25		1,297.16
Social Security Tax	-174.63		698.54
Medicare Tax	-40.84		163.37
SC State Income Tax	-155.68		649.57
Ad&D	-4.22*		16.88
Dental	-20.89*		83.56
Ltd Imp Income	-4.12		
Medical	-92.26*		369.04
Vision	-9.34*		37.36
401K	-29.35*		117.40
<b>Net Pay</b>	<b>\$2,145.16</b>		
Checking 1	-2,145.16		
<b>Net Check</b>	<b>\$0.00</b>		

**Important Notes**

FOR PAYROLL QUESTIONS - PHONE NUMBER: 866-907-1688

\* Excluded from federal taxable wages

Your federal taxable wages this period are  
\$2,787.36

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NRT CAROLINAS LLC  
175 PARK AVENUE  
MADISON ; NJ, 07940 -1123

Advice number: 00000070059  
Pay date: 02/17/2017

Deposited to the account of	account number	transit ABA	amount
RUTH A TORCHIA	xxxxx7025	xxxx xxxx	\$2,145.16

**THIS IS NOT A CHECK**

**NON-NEGOTIABLE**

CO. FILE DEPT. CLOCK VCHR. NO.  
8E2 485168 010972 0000090057 1

Document Page 39 of 49

**Earnings Statement**

058-0002

NRT CAROLINAS LLC  
175 PARK AVENUE  
MADISON, NJ, 07940-1123

Period Beginning: 02/18/2017  
Period Ending: 03/03/2017  
Pay Date: 03/03/2017

Taxable Marital Status: Married  
Exemptions/Allowances:  
Federal: 3  
SC: 3

RUTH A TORCHIA  
11 HUNT CUP LANE  
CAMDEN SC 29020

Earnings	rate	hours	this period	year to date
Regular	36.6827	80.00	2,934.62	14,086.17
Ltd Imp Income			4.12	20.60
Sick Pay				586.92
<b>Gross Pay</b>			<b>\$2,938.74</b>	<b>14,693.69</b>

Other Benefits and Information	this period	total to date
G.T.L.	4.68	23.40
Group Term Life		4.68

Deductions	Statutory	Other
Federal Income Tax	-262.25	
Social Security Tax	-174.64	
Medicare Tax	-40.84	
SC State Income Tax	-155.68	
Ad&D		-4.22*
Dental		-20.89*
Ltd Imp Income		-4.12
Medical		-92.26*
Vision		-9.34*
401K		-29.35*
<b>Net Pay</b>	<b>\$2,145.15</b>	
Checking 1	-2,145.15	
<b>Net Check</b>	<b>\$0.00</b>	

**Important Notes**

FOR PAYROLL QUESTIONS - PHONE NUMBER: 866-907-1688

\* Excluded from federal taxable wages

Your federal taxable wages this period are  
\$2,787.36

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NRT CAROLINAS LLC  
175 PARK AVENUE  
MADISON, NJ, 07940-1123

Advice number: 00000090057  
Pay date: 03/03/2017

Deposited to the account of	account number	transit ABA	amount
RUTH A TORCHIA	xxxxx7025	xxxx xxxx	\$2,145.15

THIS IS NOT A CHECK

**NON-NEGOTIABLE**

Fill in this information to identify your case:

Debtor 1 Ruth Anne Torchia

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number 17-01098  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

\_\_\_\_\_  
MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

☒ No. Go to line 2.

☐ Yes. Does Debtor 2 live in a separate household?

☐ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Daughter

13

☐ No

☒ Yes

Son

15

☐ No

☒ Yes

☐ No

☐ Yes

☐ No

☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 1,768.69

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 50.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00



Debtor 1 **Ruth Anne Torchia**

Case number (if known) **17-01098**

<b>6. Utilities:</b>		
6a. Electricity, heat, natural gas	6a. \$	<b>175.00</b>
6b. Water, sewer, garbage collection	6b. \$	<b>89.00</b>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	<b>185.00</b>
6d. Other. Specify: _____	6d. \$	<b>0.00</b>
<b>7. Food and housekeeping supplies</b>	7. \$	<b>450.00</b>
<b>8. Childcare and children's education costs</b>	8. \$	<b>0.00</b>
<b>9. Clothing, laundry, and dry cleaning</b>	9. \$	<b>200.00</b>
<b>10. Personal care products and services</b>	10. \$	<b>75.00</b>
<b>11. Medical and dental expenses</b>	11. \$	<b>150.00</b>
<b>12. Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	<b>225.00</b>
<b>13. Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$	<b>75.00</b>
<b>14. Charitable contributions and religious donations</b>	14. \$	<b>0.00</b>
<b>15. Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	<b>30.00</b>
15b. Health insurance	15b. \$	<b>0.00</b>
15c. Vehicle insurance	15c. \$	<b>347.00</b>
15d. Other insurance. Specify: _____	15d. \$	<b>0.00</b>
<b>16. Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: <b>AUTO PROPERTY TAXES</b>		
	16. \$	<b>45.00</b>
<b>17. Installment or lease payments:</b>		
17a. Car payments for Vehicle 1	17a. \$	<b>0.00</b>
17b. Car payments for Vehicle 2	17b. \$	<b>0.00</b>
17c. Other. Specify: _____	17c. \$	<b>0.00</b>
17d. Other. Specify: _____	17d. \$	<b>0.00</b>
<b>18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>		
	18. \$	<b>0.00</b>
<b>19. Other payments you make to support others who do not live with you.</b>		
	\$	<b>0.00</b>
Specify: _____		
<b>20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>		
20a. Mortgages on other property	20a. \$	<b>0.00</b>
20b. Real estate taxes	20b. \$	<b>175.92</b>
20c. Property, homeowner's, or renter's insurance	20c. \$	<b>100.00</b>
20d. Maintenance, repair, and upkeep expenses	20d. \$	<b>0.00</b>
20e. Homeowner's association or condominium dues	20e. \$	<b>0.00</b>
<b>21. Other:</b> Specify: _____	21. +\$	<b>0.00</b>
<b>22. Calculate your monthly expenses</b>		
22a. Add lines 4 through 21.		\$ <b>4,140.61</b>
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$ _____
22c. Add line 22a and 22b. The result is your monthly expenses.		\$ <b>4,140.61</b>
<b>23. Calculate your monthly net income.</b>		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	<b>6,216.76</b>
23b. Copy your monthly expenses from line 22c above.	23b. -\$	<b>4,140.61</b>
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$	<b>2,076.15</b>

**24. Do you expect an increase or decrease in your expenses within the year after you file this form?**  
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain here: **DEBTOR IS PRESENTLY WORKING ON A LOAN MODIFICATION. DEBTORS MORTGAGE PAYMENT ABOVE REFLECTS 25% OF DEBTORS GROSS HOUSEHOLD INCOME. DEBTORS REGULAR MORTGAGE PAYMENT IS (\$1,967.26)/MONTH**

**Fill in this information to identify your case:**

Debtor 1 Ruth Anne Torchia  
First Name Middle Name Last Name

Debtor 2  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number 17-01098  
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Ruth Anne Torchia  
Ruth Anne Torchia  
Signature of Debtor 1

Date April 4, 2017

X \_\_\_\_\_  
Signature of Debtor 2

Date \_\_\_\_\_

**Fill in this information to identify your case:**

Debtor 1 **Ruth Anne Torchia**  
First Name Middle Name Last Name

Debtor 2  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF SOUTH CAROLINA**

Case number **17-01098**  
(if known)

☐ Check if this is an amended filing

**Official Form 107**

**Statement of Financial Affairs for Individuals Filing for Bankruptcy**

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Give Details About Your Marital Status and Where You Lived Before**

**1. What is your current marital status?**

- ☐ Married  
☒ Not married

**2. During the last 3 years, have you lived anywhere other than where you live now?**

- ☒ No  
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

Dates Debtor 1  
lived there

Debtor 2 Prior Address:

Dates Debtor 2  
lived there

**3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

- ☒ No  
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

**Part 2 Explain the Sources of Your Income**

**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No  
☒ Yes. Fill in the details.

From January 1 of current year until  
the date you filed for bankruptcy:

**Debtor 1**

**Sources of income**  
Check all that apply.

**Gross income**  
(before deductions and  
exclusions)

☒ Wages, commissions,  
bonuses, tips

☐ Operating a business

**\$14,693.69**

**Debtor 2**

**Sources of income**  
Check all that apply.

**Gross income**  
(before deductions  
and exclusions)

☐ Wages, commissions,  
bonuses, tips

☐ Operating a business

Debtor 1 **Ruth Anne Torchia**Case number (if known) **17-01098**

	Debtor 1		Debtor 2
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.
<b>For last calendar year: (January 1 to December 31, 2016 )</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$80,540.00</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
<b>For the calendar year before that: (January 1 to December 31, 2015 )</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<b>\$73,543.00</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☐ No  
☒ Yes. Fill in the details.

	Debtor 1		Debtor 2
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	<b>CHILD SUPPORT</b>	<b>\$3,600.00</b>	
<b>For last calendar year: (January 1 to December 31, 2016 )</b>	<b>CHILD SUPPORT/RETIREME NT</b>	<b>\$8,119.00</b>	
<b>For the calendar year before that: (January 1 to December 31, 2015 )</b>	<b>N/A</b>	<b>\$0.00</b>	

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy****6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

- ☐ No. Go to line 7.  
☐ Yes List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☒ No. Go to line 7.  
☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Debtor 1 **Ruth Anne Torchia**Case number (if known) **17-01098**

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
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7. **Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

*Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- ☒ No  
☐ Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
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8. **Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

- ☒ No  
☐ Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
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**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**9. **Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No  
☒ Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
<b>WELLS FARGO HOME MORTGAGE V RUTH TORCHIA 2016CP2800137</b>	<b>FORECLOSURE</b>	<b>KERSHAW COUNTY MAGISTRATE'S COURT ATTN: R.E. HARTIS, MAGISTRATE 1121 BROAD ST Camden, SC 29020</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

10. **Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**  
Check all that apply and fill in the details below.

- ☒ No. Go to line 11.  
☐ Yes. Fill in the information below.

Creditor Name and Address	Describe the Property Explain what happened	Date	Value of the property
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11. **Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?**

- ☒ No  
☐ Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
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12. **Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?**

- ☒ No  
☐ Yes

Debtor 1 **Ruth Anne Torchia**Case number (if known) **17-01098****Part 5: List Certain Gifts and Contributions**

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

☒ No☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person

Describe the gifts

Dates you gave the gifts

Value

Person to Whom You Gave the Gift and Address:

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

☒ No☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600

Describe what you contributed

Dates you contributed

Value

Charity's Name

Address (Number, Street, City, State and ZIP Code)

**Part 6: List Certain Losses**

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

☒ No☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred

Describe any insurance coverage for the loss

Include the amount that insurance has paid. List pending insurance claims on line 33 of *Schedule A/B: Property*.

Date of your loss

Value of property lost

**Part 7: List Certain Payments or Transfers**

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☐ No☒ Yes. Fill in the details.Person Who Was Paid  
Address  
Email or website address  
Person Who Made the Payment, if Not You

Description and value of any property transferred

Date payment or transfer was made

Amount of payment

MOSS & ASSOCIATES, ATTORNEYS  
P.A.  
816 ELMWOOD AVENUE  
COLUMBIA, SC 29201ATTORNEYS FEES: \$1,485.00  
FILING FEE: \$310.00

MARCH 2017

\$1,795.00

CC ADVISING, INC.  
730 WASHINGTON AVE.  
SUITE 230-D  
Bay City, MI 48708-5732

CREDIT COUNSELING: \$9.76

MARCH 2017

\$9.76

Debtor 1 Ruth Anne Torchia

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  
Do not include any payment or transfer that you listed on line 16.

- ☐ No  
☐ Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
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18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  
Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☐ No  
☐ Yes. Fill in the details.

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☐ No  
☐ Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
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**Part 8:** List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?  
Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☐ No  
☐ Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☐ No  
☐ Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
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22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☐ No  
☐ Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
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Debtor 1 **Ruth Anne Torchia**Case number (if known) **17-01098****Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☒ No  
☐ Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
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**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- ☒ **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- ☒ **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- ☒ **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No  
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No  
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No  
☐ Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
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**Part 11: Give Details About Your Business or Connections to Any Business**

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation



Debtor 1 **Ruth Anne Torchia**

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- ☐ No. None of the above applies. Go to Part 12.
- ☒ Yes. Check all that apply above and fill in the details below for each business.

<b>Business Name</b> <b>Address</b> (Number, Street, City, State and ZIP Code)	<b>Describe the nature of the business</b>  <b>Name of accountant or bookkeeper</b>	<b>Employer Identification number</b> <b>Do not include Social Security number or ITIN.</b>  <b>Dates business existed</b> <b>EIN:</b> <b>8459</b>  <b>From-To</b> <b>2006 TO 2013</b>
<b>RUSSELL &amp; JEFFCOAT</b> <b>1229 ALICE DRIVE</b> <b>Sumter, SC 29150</b>	<b>DEBTOR WAS A 1099</b> <b>CONTRACTOR WORKING AS A</b> <b>REAL ESTATE AGENT.</b> <b>BUSINESS WAS STARTED IN</b> <b>2006 AND CEASED IN 2013 WHEN</b> <b>DEBTOR BECAME A BROKER IN</b> <b>CHARGE.</b>	

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☐ No
- ☐ Yes. Fill in the details below.

Name Address (Number, Street, City, State and ZIP Code)	Date Issued
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## Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

**/s/ Ruth Anne Torchia**

**Ruth Anne Torchia**  
Signature of Debtor 1

**Signature of Debtor 2**

**Date** April 4, 2017

Date \_\_\_\_\_

- Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?**

- ☒ No  
☐ Yes

- Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?**

- ☐ No
- ☐ Yes. Name of Person \_\_\_\_\_ . Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).